



City of Norman
 Wastewater System New Development Excise Tax Calculation Form
 Non-Residential Development

Permit # _____

Owner Name: _____
 Mailing Address: _____
 City, State, Zip Code: _____
 Owner Contact: _____
 Phone: _____ Fax: _____

Business Name: _____
 Construction Address: _____
 Business Description : _____

Est. Water Usage (Gal/Month) : _____ % Water Consumed in Process : _____

Remodel of Existing Structure? Yes _____ No _____

If Remodel of Existing Building, Identify Previous Use of Space:

Building Area (square feet) : Existing _____ New _____ Total _____
 Operating Hours & Days: _____

	<u>Full - Time</u>		<u>Part - Time</u>		<u>Hours/Week</u>
No. of Existing Employees:	_____	and	_____	at	_____
No. of New Employees:	_____	and	_____	at	_____

Applicant Signature: _____ Date: _____

Return to: Jim Speck, Capital Projects Engineer
 PO Box 370
 Norman, OK 73070
 Phone: (405) 366-5443
 Fax: (405) 366-5445
 E-mail: jim.speck@normanok.gov

	City of Norman—Planning Department
Form Received: _____	City of Norman—Utilities Department
Form Received: _____	
Employee Fee: _____	
Process Water Fee: _____	
Total: _____	
Calculations by Staff Member: _____	Date: _____